



17w RCE/1645

PTO/SB/30 (01-08)

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**Request
for
Continued Examination (RCE)
Transmittal**

Address to:
Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Application Number
Filing Date
First Named Inventor
Art Unit
Examiner Name
Attorney Docket Number

10/501,447
with an effective filing date of January 11, 2003
Augustinus BADER
1645
Shanta G. Doe
HEUBEN P02AUS (Formerly LORWER P30AUS)

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ii. ☐ Other _____
 - b. ☐ Enclosed
 - i. ☐ Amendment/Reply
 - iii. ☐ Information Disclosure Statement (IDS)
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iv. ☐ Other _____
2. **Miscellaneous**
 - a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR 1.17(i) required)
 - b. ☐ Other _____
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
 - a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments Deposit Account No. 04-0213. I HAVE ENCLOSED A DUPLICATE COPY OF THIS SHEET.
 - i. ☒ RCE fee required under 37 CFR 1.17(e)
 - ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
 - iii. ☐ Other _____
 - b. ☒ Check in the amount of \$405 is enclosed.
 - c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature: _____

Date: May 27, 2008

Name: Michael J. Bujold

Registration No.: 32,018

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature: _____

Name: Michael J. Bujold

Date: May 27, 2008



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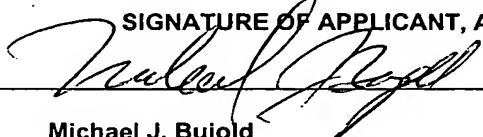
Request for Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/501,447
	Filing Date	with an effective filing date of January 11, 2003
	First Named Inventor	Augustinus BADER
	Art Unit	1645
	Examiner Name	Shanta G. Doe
	Attorney Docket Number	HEUBEN P02AUS (Formerly LORWER P30AUS)

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- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☐ Other _____
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
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- ii. ☐ Affidavit(s)/Declaration(s)
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- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
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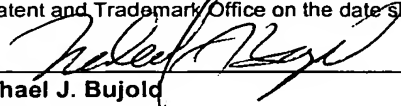
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature:  Date: May 27, 2008

Name: Michael J. Bujold Registration No.: 32,018

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Signature:  Date: May 27, 2008

Name: Michael J. Bujold



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/501,447	
Confirmation Number		
Filing Date	with an effective filing date of January 11, 2003	
First Named Inventor	Augustinus BADER	
Group Art Unit	1645	
Examiner Name	Shanta G. Doe	Fax: (571) 273-8300
Total No. of Pages in this Submission: 5	Attorney Docket Number	HEUBEN P02AUS (Formerly LORWER P30AUS)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$405.00 <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return Receipt Post Card Request for Continued Exam (in Duplicate)
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

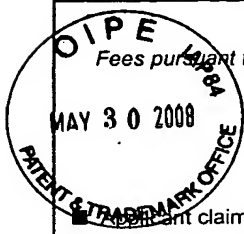
Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	May 27, 2008	

CERTIFICATE OF MAILING

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Signature		Date: May 27, 2008 (cmp)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/501,447
with an effective filing date of
January 11, 2003
Augustinus BADER
Shanta G. Doe
1645

Attorney Docket No.

HEUBEN P02AUS (Formerly
LORWER P30AUS)

TOTAL AMOUNT OF PAYMENT: \$405

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

\$405

SUBMITTED BY

Signature

Telephone (603) 226-7490

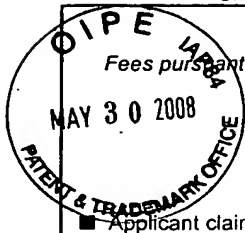
Name
(Print/Type)

Michael J. Bujold

Registration No.
(Atty/Agent) 32,018

Date: May 27, 2008

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$405

Complete if Known

Application No.	10/501,447
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First Named Inventor	January 11, 2003
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Art Unit	Shanta G. Doe
	1645
Attorney Docket No.	HEUBEN P02AUS (Formerly LORWER P30AUS)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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under 37 CFR 1.16 and 1.17

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2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
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Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>-20 or HP =</u>	<u>x</u>	<u></u>	=	<u></u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>	
<u>-3 or HP +</u>	<u>x</u>	<u></u>	=	<u></u>	

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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>
<u>-100 =</u>	<u>/ 50 =</u>	<u>(round up to a whole number) x</u>	<u></u>	=	<u></u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Request for Continued Examination</u>	<u>\$405</u>

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: May 27, 2008